FEB 1 7 2010

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

This 510(k) summary of safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and CFR 807.92

1. SUBMITTER INFORMATION

a. Company Name:

b. Company Address: 1140 Calle Cordillera

San Clemente, CA 92673

USGI Medical

c. Telephone: (949) 369-3890 Fax: (949) 369-3891

d. Contact Person: Mary Lou Mooney

Vice President of Clinical, Regulatory & Quality

e. Date Summary Prepared: January 25, 2010

2. DEVICE IDENTIFICATION

a. Trade/Proprietary Name: g-Cath Tissue Anchor Delivery

Catheter

b. Common Name: Nonabsorbable surgical suture

c. Classification Name: Nonabsorbable (PET) surgical

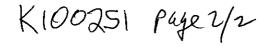
sutur, 878.5000

3. IDENTIFICATION OF PREDICATE DEVICES

g-Cath Tissue Anchor Delivery Catheter USGI Medical

(K061276)

USGI Medical Special 510(k) Device Modification USGI g-Cath Tissue Anchor Delivery Catheter



4. DESCRIPTION OF THE DEVICE

The g-Cath Tissue Anchor Delivery Catheter is a sterile, single patient use device that contains a nitinol/polyester tissue anchor pair within the catheter lumen. The anchor pair is deployed through the catheter lumen to compress and approximate tissue.

5. STATEMENT OF INTENDED USE

The USGI g-Cath Tissue Anchor Delivery Catheter is intended for soft tissue approximation in minimally invasive gastroenterology procedures, e.g., fistula closure, perforation/leak closure and repair of dilated gastric tissue.

6. COMPARISON WITH PREDICATE DEVICES

The g- Cath Tissue Anchor Delivery Catheter is comparable to the predicate device in terms of intended use, technology, and materials.

DEPARTMENT OF HEALTH & HUMAN SERVICES



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

FEB 1 7 2010

USGI Medical % Ms. Mary Lou Mooney VP, Clinical, Regulatory & Quality 1140 Calle Cordillera San Clemente, California 92673

Re: K100251

Trade/Device Name: g-Cath Tissue Anchor Delivery Catheter

Regulation Number: 21 CFR 878.5000

Regulation Name: Nonabsorbable poly(ethylene terephthalate) surgical suture

Regulatory Class: II

Product Code: GAT, GDW, HET

Dated: January 25, 2010 Received: January 28, 2010

Dear Ms. Mooney:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

Page 2 - Ms. Mary Lou Mooney

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): K 100251

Indications For Use:

Device Name: g-Cath Tissue Anchor Delivery Catheter

Indications for Use

The USGI g- Cath Tissue Anchor Delivery Catheter is intended for approximation of soft tissue in minimally invasive gastroenterology procedures, e.g., fistula closure, perforation/leak closure and repair of dilated gastric tissue.
Prescription Use AND/OR Over-The-Counter Use (21 CFR 801 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
(Division Sign-Off) Division of Surgical, Orthopedic, and Restorative Devices
510(k). Number_K10025(Page 1 of